

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1953

Registration District No. **318**

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. **1003**

State File No. **16065**

Registrar's No. **3784**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Shriners' Hosp. for Crippled Chil-
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 hrs / dren
(Specify whether
In this community 40 hrs.
years, months or days)

3. (a) PRINT FULL NAME Diana Dale Odom

3. (b) If veteran, name war 1 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 19 1951
(Month) (Day) (Year)

8. AGE: Years 2 Months 2 Days 20 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace 0
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Hazel Erma Odom
15. Birthplace Summersville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Erma Odom

(b) Address 2207 Lee Ave. Granite City

17. (a) Removal (b) Date thereof 4-10-53
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison, Ill.

18. (a) Signature of funeral director LANEY

(b) Address MADISON - ILL.

19. (a) APR 10 1953 (b) J. Carl Smith MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Granite City 8120
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 Lee Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day eighth
year 1953 hour 9: minute 00 A.M.

21. I hereby certify that I attended the deceased from July 9, 1952
 , 19 , to April 8, 1953;
that I last saw her alive on April 8, 1953,
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis
Gastromalacia
Recent fractures due to
Due to Osteogenesis imperfecta,
severe
Due to

Other conditions Osteogenesis imperfecta,
(Include pregnancy within 3 months of death) SEVERE

Major findings: 7583
Of operations
Of autopsy As above stated

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work (e) Means of injury

23. Signature Lucas Smith (M. D. or other) 0
Address Shriners Hospital Date signed 4-9-53

MD Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.